

FILLED NOV 24 1941

Registration District No. 791Primary Registration District No. 1003

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ST. MARY'S INFIRMARY  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 DAY  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

8. (a) PRINT FULL NAME SAMUEL CLARK, RENTRO8. (b) If veteran, name war  8. (c) Social Security No. 4. Sex MALE 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 8 2 1868  
(Month) (Day) (Year)8. AGE: Years 73 Months 2 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace KIRKWOOD MO.  
(City, town, or county) (State or foreign country)10. Usual occupation JANITOR

## 11. Industry or business \_\_\_\_\_

12. Name Jesse RENTRO13. Birthplace KIRKWOOD MO.  
(City, town, or county) (State or foreign country)14. Maiden name EMMALINE15. Birthplace unknown Greenwood  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clyde Foster(b) Address 4053 Finney Ave.17. (a) \_\_\_\_\_ (b) Date thereof 10-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cem18. (a) Signature of funeral director W. H. Walton(b) Address 2707 Standard St19. (a) OCT 28 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DCO  
 (c) City or town ST. LOUIS 1711  
 (If outside city or town limits, write "RURAL") 9  
 (d) Street No. 4053 FINNEY  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 25  
year 1941 hour 4<sup>30</sup> minute P. M.21. I hereby certify that I attended the deceased from JULY 21,  
1941 to OCTOBER 24, 1941  
that I last saw him alive on OCTOBER 24, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

ANGINA PECTORIS 4 daysDue to CHRONIC MYOCARDITIS 6 mos. +

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury) \_\_\_\_\_

23. Signature W. H. Walton (M. D. Registrar)Address 2748 1/2 Franklin Date signed 10/27/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2641 Delmar

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**